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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

REPORT OF THREE CASES OF ACUTE CEREBRAL SOFTENING.

BY D. A. K. STEELE, M.D., LATE RESIDENT PHYSICIAN, COOK COUNTY HOSPITAL.

THE following notes were taken while an *interne* in the County Hospital:

CASE I. — Michael M., age 41; cooper; native of Ireland; was admitted to the hospital May 19th, 1874. Stated that he was perfectly well until four weeks ago, when he noticed that his right hand and arm began to get weak. At the table, he could not hold his knife in the right hand. Sensation also became impaired. Four or five days ago, began to suffer with pains in the right chest. Symptoms have continued unchanged up to this date. States that for a number of years, he has been a moderate drinker, occasionally going on a spree, and then moderating down to his regular allowance. Will not admit that it has ever done him any harm.

On Admission.—Patient is a large, pretty well nourished man; tissues rather flabby; skin normal; tongue clean, but protruded to the right side slightly; appetite fair; bowels regular; urinates readily. Pulse 78; resp. 18. Complains of weakness in the right arm and hand, and pains in the right chest. Movements of arm apparently not much impaired, although there is a loss of muscular contractility. Was ordered tonics and a generous diet.

May 21st.—Had an apoplectic convulsion this morning, after which he

lay in a semi-comatose condition until the 26th, when he died.

Post-mortem examination sixteen hours after death.

Incision from manubrium to umbilicus.

Lungs.—Healthy, with the exception of slight engorgement.

Heart.—Healthy.

Liver.—Normal in size, but upon the anterior surfce of the right lobe were found three small colloid cysts about the size of a filbert, also a small cretaceous mass about one-half inch in length, and one-fourth of an inch in diameter.

Kidneys.—Slightly congested; other abdominal organs normal.

On opening the cranium, found membranes healthy. On section of the cerebrum, found extensive softening of the whole central portion of the left hemisphere, the brain substance being reduced to a pulpiform mass; other portions of the brain apparently normal.

CASE II.—John N., aged 21; shoemaker; native of Denmark; admitted June 13th, 1874.

Patient states that he always enjoyed good health until four months ago, when he gradually began to have a feeling of coldness and numbness in the left arm and leg. Day by day became weak upon that side; lost his appetite; bowels continued pretty regular.

On Admission.—Find patient fairly nourished; no constitutional disturbance present. Find a partial loss of sensation, and of muscular power on the left side. Find a blowing murmur at the base of the heart, with the first sound. Was ordered potass. iodide grs. vij, and ol. morrhue ℥ ss. three times daily.

On examination of muscular power by the dynamometer, we find the index on left side 35°; on the right side 96°.

July 11th.—Left, 35°; right, 97°.

July 14th.—Left, 30°; right, 100°.

July 17th.—Left, 54°; right, 100°.

July 13th.—Patient complains of constant pain in the head, aggravated by any movement while lying down. For the past week, has experienced some difficulty in swallowing, fluids coming back through the nose. For the same length of time, has noticed that his articulation was becoming impaired. Could not speak certain words readily. Appetite very poor; bowels costive; tongue heavily coated with a whitish brown fur. Complains of dark spots floating before his eyes.

July 14th.—Tongue still furred. On protrusion, it deflects to the left.

July 21st.—Dynamometer on left side 31°; on right, 100°.

July 27th.—Left, 21°; right, 98°.

July 28th.—The test of electro-contractility and electro-sensibility, revealed diminished contractility of all the muscles of the upper extremities except the pectoral muscles. Electro-contractility diminished in the legs, but sensibility good.

August 7th.—Paralysis is becoming more marked. Patient sweats profusely. Bowels obstinately constipated. Pulse 88; temp. 98; resp. 28. Pupils widely dilated. Passes urine and fæces involuntarily. Is wildly delirious, talking in an incoherent semi-idiotic manner; rapidly growing weaker; unable to leave the bed; face assuming a dull leaden expression, constantly covered with a cold perspiration. Paralysis of the pharyngeal muscles prevents intelligent articulation.

August 9th.—Died apparently from a gradual paralysis of the vital organs. Had no convulsions preceding death—passed away quietly.

Sectio - cadaveris. — Twenty - four hours after death, body presents an exsanguinated appearance. Lungs, healthy. Heart, small. Valves, normal; right side distended with venous blood. Liver and spleen, small and congested. Kidneys, normal in size, but intensely congested. In fact, all the viscera presented a hyperæmic appearance.

On removing the calvarium, the dura mater seemed slightly thickened. A small amount of serum at base of brain; superficial vessels of brain distended with blood. On making section of the brain, found in left hemisphere all of the anterior and superior portion of the gray matter healthy. Lower portion of gray matter soft and diffluent. In the anterior lobe of left hemisphere, the white matter is healthy, but the posterior and inferior portions are soft and diffluent. In the right hemisphere, gray matter healthy, superiorly. Inferior portion of gray matter and all the white matter, soft and disorganized. Cerebellum softened, especially on the left side; pons varolii in the same condition. Spinal cord, healthy.

CASE III.—N——, aged 28; laborer; Poland; admitted August 24th, 1874.

Having no interpreter, and the patient being unable to speak much English, it is impossible to get an accurate history of his ailment.

It seems he has been sick about six weeks; was working in a lumber yard previous to this time, when he caught cold; has had several chills; thought he was sun-struck. Appetite has been poor; bowels costive; and he has complained of pains in the lower extremities ever since.

August 25th. — Has retention of urine, requiring the daily use of catheter. Urine highly ammoniacal. Bowels constipated. Was ordered an enema.

August 26th.—Again catheterized; slept some last night. On the chest and abdomen, find a sudaminous eruption; cuticle in places desquamating. Circulation exceedingly sluggish. Patient has a dusky hue. Pulse 132; temp. 97; resp. 18. Bronchial breathing in the orifices of both lungs; most marked in the left.

P.M.—Bowels again moved by an enema; discharge very offensive.

August 27th.—For the past week, patient has had paralysis of the inferior extremities. Has been unable to walk. Commenced with a feeling of stiffness and pains in the legs, and gradual loss of power. Has slight difficulty in swallowing. This morning, find face flushed; tongue slightly furred; pulse 120; temp. 98½; resp. 16. Legs are almost completely paralyzed; sensation somewhat impaired. The muscles are tender, on pressure, particularly in the legs. Ordered pot. iodide, gr. vi, tr. digitalis, m xx, ter die; also, to have catheter used every six hours, and bowels to be kept free by enema.

August 28th. — Tongue not deflected, but tremulous. Complains of more pain in the legs. There is entire loss of muscular power in the arms. Pulse 120; temp. 99; resp. 20. Left side of face seems drawn; is unable to close the left eye. In winking, can scarcely move the left

eyelid at all. Movements of the eyes are symmetrical.

August 29th.—Pharyngeal muscles becoming more impaired; slept poorly last night; no improvement in any of the symptoms.

September 1st. — Patient's friends took him home, as dissolution was rapidly approaching.

September 2d. — Learned from friends that patient died to-day, but was unable to obtain a post-mortem examination.

Translations.

CLINICAL THERMOMETRY.

FROM THE "COMPENDIUM DER NEUEREN MEDICINISCHEN WISSENSCHAFTEN," BY DR. B. KRAUS.

Condensed and translated by Dr. H. Gradle.

OSCILLATIONS OF PATHOLOGICAL TEMPERATURE.

AFTER having seen how little the physiological temperature is altered by individual peculiarities, or external influences, we shall find that on the contrary the variations in disease are considerable.

A temperature below 38° C. indicates that at the time no fever exists; the nearer, however, that this limit is approached the greater the probability that at another hour it has been exceeded, hence the necessity of repeated observation. While a temperature below 38.4° C. (101.1° F.) may denote merely a febrile tendency, anything beyond that point shows the existence of decided fever. The range of human temperature extends but in rare instances over more than 8° C. (14° F.). The highest animal heat observed by Wunderlich was 44.75° C. (112.5° F.) at the moment of death in a case of tetanus. Alvarenga considers a temperature of 42° C. as a rare occurrence, and not often has he seen the mercury rise to 43° C.; 44° C. has never come under his observation. The minimum temperature was found by Hardy in sclerema 22° C. (71.6° F.); Mignot saw 23° C. in the same disease. [A remark made at this place by the author that 44.5° C. (112° F.) is the maximum ever found in man during life, must be supplemented by a case of spinal injury, lately reported by Teale (*Brit. Med. Journal*, March 6th), in which the mercury reached in *different thermometers* the highest number of the scale, 122° F., and still recovery took place.]

The possible minimum of the tem-

perature can, however, be determined but approximatively, since, according to Wunderlich, errors are most likely to occur at the lower degrees, and even the parts otherwise most reliable as indices do not indicate the correct blood temperature under these circumstances. In most cases the temperature does not fall below 35° C. in the well-closed axilla, and but rarely does it sink as low as 33° or 32° C. Though in some diseases, for instance cholera, a temperature of 26° C. and even less has been found on the surface, other observations render it probable that the vagina and rectum would have given a higher number.

The causes of morbid deviation of temperature are both external influences and constitutional conditions. A reduction can be occasioned through external means, either by increasing the loss of caloric, or by preventing the afflux of *warm* blood to the parts under observation, or, finally, by diminishing the production of heat. Severe degrees of external cold are the surest agent to abstract heat from the body, and when their duration is sufficiently prolonged they may even cause death. An external temperature, however, surpassing or even equalling the animal heat, possesses also a decidedly noxious influence, while it tends to raise the animal temperature. The application of external irritants seems to reduce rather than augment the internal heat. A mechanically induced, intense hyperæmia of a part raises its temperature, while a diminution of blood supply lowers it. Great loss of blood is followed, as a rule, by a lowering of the temperature; a spontaneous moderate hæmorrhage thus causes a reduction of the heat of febrile patients. Persistent starvation can also diminish the temperature considerably, while on the other hand the partaking of food may induce a moderate—and if the food be unsuitable, even a considerable—rise of temperature in disease and convalescence. A number of morbid accidents, as constipation, retention of urine, suppression of menses, etc., often occasion an augmentation of temperature, while diarrhœa (by purgatives), as well as other drains, vomiting (especially from the use of emetics), the influence of alcohol, some narcotics, and various other stronger or weaker poisons, can reduce the animal heat in a greater or less degree.

Amongst remedial agents we possess some capable of reducing a febrile temperature, for instance, digitalis, veratrin, quinine, calomel. A less marked influence is exerted by acids, potassic nitrate, and other salts, though in children, nervous women, and anæmic patients, their refrigerating effects are distinctly noticeable. Other agents, like coffee, musk, camphor, curare, etc., raise the temperature, both in health and disease.

In children and nervous or hysterical women, a marked unstability of animal heat is observable in disease. Not only are a greater rise and variation of temperature occasioned by unimportant affections, but also are the effects of extraneous influences exaggerated in them when compared with less excitable patients. Amongst male adults the nervous temperament and anæmia are also predisposing conditions for a similar impressibility. Advanced age, on the contrary, is accompanied by a greater stability of temperature, so that similar condi-

tions result mostly in a temperature less by one-half degree C. than in younger individuals. Individual peculiarities also seem to exist, and experience has shown that while in some the repetition of certain influences diminishes the thermometric impressibility, in others it augments it.

Division of the cord, or severe injuries, are sometimes followed by a peripheral rise of temperature; in other cases nerve-injuries result in diminished warmth of certain parts, or of the entire body, according to their location. Muscular exertion often produces an increase of animal heat in feeble or sensitive individuals, which should always admonish us to look for other disturbances of health. As Wunderlich remarks, a disease, though not by itself modifying the temperature, may give rise to greater thermometric susceptibility to other influences. This same impressibility, though perhaps less marked, is also noticed in diseases which have by themselves altered the animal temperature. But the more typical the thermometric course of a disease, the less will be the influence of other accidents, while in atypical affections and slight disturbances of health the temperature depends considerably on the various extraneous conditions. In convalescence this impressibility is very considerable, the more so if the disease is still lurking in the organism. The nature of the influence is of some importance; if its direction is in conformity with the tendency of the disease, its effects are most manifest, and *vice versa*. Even the influence of diurnal oscillations is thus evident, an increase of temperature being most easily effected at noon and in the afternoon, while a depression of temperature is most decidedly brought about at night or early in the morning. Therefore the degrees observed at the time of the morning remission are of the highest importance.

Wunderlich has occasionally observed a temperature exceeding the highest degrees usually seen in fever, either not at all accompanied by other febrile symptoms, or, at any rate, by only those pertaining to a lower grade of fever; he applies to this the term *hyperpyrexia*.

TEMPERATURE AS MEANS OF DIAGNOSIS AND PROGNOSIS.

A rise of temperature has always been considered as indicative of fever and its intensity, and since we have seen that in health the variations are minimal, we must look upon all deviations from the normal point as a symptom of disease: if over 37° C. of a febrile tendency proportional in intensity to the degrees exceeding this point; if under 36°, of an algid condition. An augmented heat is often the only symptom of a commencing or still lurking affection; thus the continued existence of an intermittent fever apparently cured is sometimes indicated by it alone. Yet no absolute references can be drawn from any given height of the mercury. While from a great augmentation or decline of temperature danger may be predicted, this is by no means always the case. The other circumstances of a case must therefore be taken into consideration.

In judging of the results of thermometric observation, the time of day must be considered, also the period of digestion—of so much influence in disease—as well as other accidental influences, especially removal of a patient, which may alter the tempera-

ture in either direction. A comparison of the existing temperature with the other symptoms offered must not be neglected, as by these means we may—if these are in marked contrast—detect simulation. If, however, the temperature is high, while no subjective symptoms exist, as is sometimes the case in infectious diseases, the onset of a severe affection may be predicted. Again, during convalescence from such conditions the opposite may occur, viz.: subjective illness co-existing with a normal or even *subnormal* temperature; in that case the state of the animal heat is the guide in our prognosis.

A contrast often exists between pulse and temperature. In the febrile state of adults 80 to 90 beats per minute usually correspond to a feebly febrile temperature, 90 to 108 beats to a moderate fever, 108 to 120 beats co-exist with a stronger grade, while a pulse over 120 indicates high pyrexia. In children, feeble and nervous individuals, the relation is not quite the same, the frequency of the pulse being mostly greater. Other differences also occur; thus exacerbations are sometimes first indicated by the pulse, while remissions may be primarily shown by a reduced temperature. Still less constant is the relation of temperature to frequency of respiration; in collapse an increase of the latter does often occur, though not invariably. In hyperpyrexia, also, could Wunderlich find no definite rules, the breathing being sometimes accelerated proportionately, sometimes retarded. Neither do brain-symptoms always correspond to the thermometric condition, as in adults delirium, etc., are usually concomitants only of a very high fever.

Abnormal deviations of temperature are occasionally noticed in apparent health; for instance, during menstruation, the puerperal state, lactation, dentition, the time of rapid growth, excessive fatigue, mental depression, etc., a rise is sometimes observed. The existence, therefore, of a normal temperature under these circumstances is a good evidence of perfect health, while a morbid increase calls for caution.

An augmented temperature, though not constantly followed by severe disease, calls in all cases for vigilance, and it is advisable to keep the patient in bed until the seguelæ are apparent. In the beginning of an acute febrile disorder, a diagnosis is rarely possible. If the temperature is normal, or but little higher, acute pneumonia, variola, and scarlatina can be excluded. If the normal degree is not at all or but little exceeded in the evening, typhus is not the disease. If, however, the mercury rises considerably at once, the range of possible affections includes the exanthemata, tonsilitis, pneumonia, pleuritis, intermittent fever, influenza, pyæmia, meningitis, typhoid, etc. In many cases the diagnosis is a matter of doubt in the earlier half of the first week. If, during this period, febrile symptoms are accompanied by a temperature normal in the evening, intermittent fever may be suspected, while typhus and typhoid, as well as the exanthemata (with the exception of measles, roseola, and varicella), can be excluded; catarrhal affections, measles, pleurisy, acute phthisis, granular meningitis, and acute rheumatism, are, however, possible. A sub-febrile or slightly febrile temperature is of similar significance; but, if occurring on

the first or second morning, it does not speak against the onset of typhoid fever; this, however, is rendered unlikely by the occurrence of a high temperature within the first days, unless the disease can be shown to have commenced before it was suspected. If a diagnosis has been formed, the comparison of the existing temperature with the temperature incident to the disease at this time may be of service in determining the intensity of the affection.

In the second half of the first week the diagnosis may still be doubtful, the diseases possible being the initial fever of exanthemata, typhus, typhoid, relapsing and intermittent fever, pneumonia of slow onset, intense influenza, and capillary bronchitis, acute miliary tuberculosis, tubercular meningitis, cerebro-spinal meningitis, hepatitis, internal suppuration, osteomyelitis, acute syphilis. Of course a single observation is of little value in these cases. A temperature normal in the evening excludes the exanthemata, typhus and typhoid fever. Hyperpyrexia may indicate an intermittent or malignant infectious fever. If an eruption now occurs, it determines the nature of the disease.

After the formation of a diagnosis, continuous observation gives valuable information as to the progress, intensity, complications, danger, etc. Even a single thermometric examination may now be a useful hint to an examiner well conversant with the thermometric course of the affection; if comparatively high, it points to great severity; yet if, on the contrary, very low, it has less significance, as in most febrile disorders temporary refrigeration may occur. Typhus or typhoid fever can hardly be supposed, if the temperature between the third and tenth is not moderately febrile during day-time, highly febrile at evening (at least 39.6°), unless a reduction has been occasioned by free alvine discharges, hæmorrhage, or an advanced age of the individual. An unusually low temperature may give rise to a suspicion of internal hæmorrhage before the blood has made its way outward. A high morning temperature, near 40°, or an evening temperature of 41°, are grave symptoms in these affections. Of still more import is an excessive heat of the trunk, while the extremities become cold, in collapse. A temperature normal in the morning is not a positive sign of apyrexia. If, in measles, the temperature does not return to the normal after the appearance of the eruption, complications should be looked for. The same is true in scarlatina at a somewhat later period.

[*To be continued.*]

A SIMPLE METHOD OF REMOVING THE TEETH OF CHILDREN.—The operation consists in simply slipping a rubber ring over the tooth and forcing it under the edge of the gum. The patient is dismissed and told not to remove the appendage, which in a few days loosens the tooth and causes it to fall out. Grown children, who shrink from the shock and pain of the dental nippers, may also have their teeth removed by means of the rubber, which is a mild form of treatment.—*Druggists' Circular.*

Editorial Department.

"ONE OF THE LOST ARTS."

THIS is the title of a lengthy paper on blood-letting, read in one of the general sessions of the American Medical Association, during the recent meeting in Louisville, by Prof. S. D. Gross, of Philadelphia. The reading of the paper was listened to with much interest by a large audience, and most of the positions taken by the writer were undoubtedly correct. Yet we regretted to notice what appeared to us a vein of exaggeration in many of the expressions used, and sometimes, though rarely, a fault in the reasoning. It is probable that no one thing has contributed more to create general skepticism concerning everything pertaining to practical medicine than the apparently opposite or contradictory doctrines and modes of practice instituted by different parties and at different periods of time. Hence, it is not desirable, on any occasion, to exaggerate such contradictions. Neither is it quite just, or historically correct, to present the views and practices of extreme men, or men of extraordinary enthusiasm, as true representations of the generation to which they belong. When the author of the paper on "One of the Lost Arts" represents Dr. Rush and his followers as bleeding "in every possible disorder, until, in many cases, no more blood would flow because there was *none left*," to illustrate the indiscriminate use of the lancet at a former period, and then, in reference to the present, declares that "the lancet is an obsolete instrument, * * * and few of the present generation of medical men would, if called upon, be able to open a vein in a scientific and creditable manner," he certainly conveys to the public mind an exaggerated idea of the contrast presented by the two periods. This same tendency to extravagant expressions is seen in his comments on the pernicious effects of *authority* and *fashion* in medicine. Take the following as a specimen: "For nearly a third of a century the doctrine of a change of type in disease has tyrannized over the minds of medical men, and exerted a controlling influence on their practice. Of all these delusions, the latter, often called Toddism, after Dr. Todd, its author, has exercised the most pernicious and baneful effects upon civilized society. Ensconcing itself behind a false position, it has literally enslaved the medical world, entrapping alike the wise and the foolish, and sweeping over human life with a force equal to that of the fiercest and most destructive hurricane." As a specimen of faulty reasoning or induction, take the following: "If the modern practice be right, then the old practice must have been wrong, *deadly wrong*." Does the conclusion really follow the premise? May we not, in medicine, as in many other things, reach the same results by widely different means? May not two physicians, both well versed in

the pathology of disease, and the *modus operandi* of medicine, treat the same disease with nearly equal success by remedial agents of entirely different composition and modes of action? We think few intelligent and thoughtful practitioners will venture to answer these questions in the negative. And if, instead of assuming that different modes of treating disease necessarily implied contradiction and "deadly wrong," we should review more carefully the *modus operandi* of each in its relations to the known laws of physiological and pathological action, it is more than probable that they would be found to be only different methods of reaching the same end; and instead of still further destroying the public confidence by holding up the history of medicine as a volume of self-stultifying contradictions, we would be able to reconcile many of its apparent differences, and arrive at a much more just appreciation of the actual merits of different modes of practice. We do not make these comments from any opposition to blood-letting. For with us the lancet has never become "obsolete." It has had its place in our pocket for forty years, and is still used sufficiently often to see that it is in good order. On the *modus operandi* of blood-letting, and its advantage over mere sedatives, we commend the following extract from the paper of Prof. Gross:

"Before I proceed to speak of local bleeding, let us briefly inquire into the mode of action of venesection, or, in other words, how the removal of blood from the system affords relief in inflammatory affections? This question can be easily answered. In the first place, the abstraction acts spoliatively, diminishing, as the name implies, the quantity of blood both in the part and system. Secondly, it weakens the power of the heart, and thereby prevents it from sending the blood with the same force and velocity into the suffering structures. Thirdly, it unlocks all the emunctories, and thus promotes secretion. Fourthly, it disgorges the vessels at the seat of the disease, restores the circulation, and places the absorbent vessels in a better condition for the removal of effused matter. And, last but not least, it favors the action of other remedies, as purgatives, diaphoretics, diuretics and anodynes.

"But it will be said that all these effects may and can readily be induced by the agency of other remedies, as aconite, veratrum viride, digitalis, mercury, and tartar emetic, and that, too, at much less cost to the system. That these articles are powerful depressants, lowering the heart's action and promoting secretion, no one at all acquainted with their virtues will question; but I deny that they exercise the same beneficial impression upon the vessels at the seat of the inflammation. When blood is drawn freely from a large vein at the bend of the arm, from a large orifice, to an approach to syncope, the vessels at the seat of the morbid action are unloaded, often to such an extent that the affected structures do not exhibit any marked difference in color from those in their immediate vicinity. Thus, for example, in violent conjunctivitis, the mucous membrane, the seat of the disease, always under such circumstances presents a perfectly blanched appearance, however red and engorged it may have been the moment before. Now, what occurs in the eye, in such a case, may ea-

sonably be supposed to take place in any other part of the body when a patient is bled to a similar extent. In pleurisy, one of the immediate effects of the copious extraction of blood is a mitigation of the torturing pain which forms so prominent a symptom in this disease, due evidently to the diminished calibre of the vessels in the pleura, previously in a state of complete repletion. Has any one ever witnessed such an effect from the use of aconite, digitalis, veratrum viride, or tartar emetic? Never. No matter how these articles may be administered, whether singly or variously combined, they are simply depressants, not depressants and evacuants, as the abstraction of blood from a vein or an artery. There is no blanching of tissue from their use, no unloading of distended and crippled vessels, indeed, no direct appreciable effect of any kind.

"The more recent researches in pathological histology furnish a hint not easy to be mistaken as to the most salient treatment of inflammation in its earlier stages. The leading indication is to restore the paralyzed capillaries to their normal tonicity, so as to prevent structural changes in their walls, and facilitate the outward passage of the white globules with which they are choked. It is now well known that in every inflamed area there is marked hyperæmic distention of the blood-vessels, which are often crowded to their utmost capacity with leucocytes, which emigrate through the vascular walls, and, in conjunction with the effused blood-liquor, constitute the most important elements in inflammatory deposits. Hence, the object of treatment should be to restore the capillaries to their normal calibre, through the artificial induction of contraction of their walls, an effect which can be brought about, as is daily witnessed in many of the external inflammations, by cold applications, which, as is well ascertained, produce reflex contraction of the vessels. In inflammation of the more deeply-seated organs and tissues, however, this object can only be attained by spoliative bleeding, whereby the affected capillaries are relieved of their contents. In this way only can their tonicity be restored, the further effusion or migration of cell elements restrained, and the absorption of existing deposits favored.

"Another effect of bleeding, not to be overlooked in this discussion, is the diminution which it causes in the quantity of fibrine and white globules, so remarkably augmented in inflammatory affections. This change, of which I have witnessed many examples, was beautifully illustrated in the case of a young man, nineteen years of age, whom I attended, along with the late Dr. Charles Woodward, of Cincinnati, on account of a severe attack of pleurisy. Blood was drawn on three consecutive days, the first bleeding being performed about thirty-six hours from the commencement of the attack. The fluid, amounting to nearly a quart, was not only greatly buffed, but cupped on both sides of the crassamentum, as is shown in the specimen which is still in my possession. At the second operation, the fluid was buffed but not cupped; and at the third it was merely a little sizy, all pain and active inflammation having by this time disappeared. If such effects follow the use of the articles above mentioned, I am uninformed of the fact."

Society Reports.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, MAY 10TH, 1875.

Reported by E. Warren Sawyer, M.D.

THE Society met at the Grand Pacific Hotel, the President, Dr. Bartlett, in the chair.

This being the annual meeting, the yearly report of the Secretary and Treasurer was called for and read.

The Society then proceeded to the election of officers for the ensuing year, with the following result:

President, Thomas Bevan, M.D.; Vice-President, R. C. Hamill, M.D.; Secretary and Treasurer, Ralph E. Starkweather, M.D.; Recorder, E. Warren Sawyer, M.D.; Censors, Drs. Bartlett and Hyde.

Upon retiring, the President delivered the annual address, the publication of which was called for by the Society. It will appear shortly.

REPORT OF THE SECRETARY OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS, FOR THE YEAR ENDING MAY 10TH, 1875.

Mr. President and Gentlemen:

I have the honor to submit herewith the annual report of the Secretary of the Society, for the third year since its organization.

On the 11th of May, 1874, there were fifty-nine members in active co-operation with the Society, and ten non-residents whose names were carried on the roll. Since that date three have removed from the city and twenty-one have united with us. This leaves eighty-two names of members on the active list. One has been by vote declared an associate member. Deducting this name, with those who have ceased to reside here, from the entire number, we have seventy-eight names of physicians in and about the city who are actively interested in the work of the Society.

We have held twenty-three regular meetings during the year, and one special, making an average of two for each month, with a total attendance of 479, the average attendance upon each meeting being therefore nineteen.

The following reports have been made during the year just closed:

1. On the Absorption Bands of Blood in the Spectroscope.

2. On the Relative Mortality of Surgical Operations in the United States and other countries.

3. On the Relation of Alcoholism and Sexual Diseases to Climate.

4. On the Ætiology and Pathology of Cholera Infantum.

5. On Asiatic Cholera — being a detailed account of its ingress and extension through portions of the United States during the summer of 1873.

6. On a New Method of Introducing Barnes' Dilators.

7. On the Action of Hydrate of Chloral upon the Blood.

8. On Pneumatic Aspiration — its methods and instruments.

9. On General Therapeutics.

10. On Carcinomatous and Scirrhous Neoplasms, with microscopical illustrations.

11. On the Organic Alkaloids of the Cinchona Barks.

The following papers have been read before the Society during the year:

1. On the Microscopy of the Brains of the Insane (with illustrative drawings).

2. On the use of Podophyllin in Acute Rheumatism (pub. *Am. Jour. of Med. Sci.*).

3. On the Eucalyptus Globulus.

4. On the Relative Value of Thermometers for Medical Purposes offered to the Profession.

5. On Puerperal Convulsions, with illustrative case.

6. On the Management of the Third Stage of Labor.

7. On the Employment of Phytolacca Decandra and Guacum in Rheumatic Disorders.

8. On the Action of Salicylic Acid.

The following translations of papers by foreign authors were also presented and read:

1. On the Therapeutic Value of Ipecac in Pulmonary Sweats.

2. On the Examination of the Mucous Membrane of the Uterus (with illustrative microscopic drawings).

The following cases have been reported:

1. Case of double vagina and uterus, with successful delivery of living child.

2. Case of chronic pyelitis.

3. Case of sub-acute meningitis.

4. Case of amenorrhœa.

5. Case of dysmenorrhœa, relieved by topical application of Faradic current.

6. Cases of relapsing fevers.

7. Cases of obscure neuroses.

8. Case of retained menses from vaginal constriction, successfully relieved by surgical interference.

9. Cases from clinic for diseases of heart and lungs—South Side Dispensary.

10. Cases of sub-involution of uterus, relieved by topical applications of nitric acid—in the "Woman's Hospital," State of Illinois.

11. Case of retention of placenta during twelve days.

12. Case of suppurative pleuritis relieved by aspiration.

13. Two cases of epilepsy successfully treated.

14. Case of scirrhus of the stomach, with details of post-mortem appearances and microscopic pathology (illustrated by stained sections under the microscope).

15. Cases of uterine inertia, relieved by actæa racemosa.

16. Case of aspiration of the pericardial sac, partial relief, death, and exhibition of specimen.

17. Two cases of fracture of arm and leg (St. Luke's Hospital).

18. Case of multilocular ovarian cyst successfully treated by electricity and acipuncture.

19. Fatal case of corroding ulcer of the uterus.

20. Case of traumatic epileptiform convulsions.

21. Case of variola arrested by employment of sulphite of soda and carbolic acid.

22. Four cases of land scurvy successfully treated in Cook County Hospital.

23. Two cases of uterine fibroid

tumors relieved by hypodermic injection of ergotine.

24. Case of cerebro-spinal meningitis simulating hydrophobia.

25. Case of successful removal of colloid multilocular ovarian tumor, followed by death, with chart of pulse and temperature record, and exhibition of specimen.

26. History of a singular case of catalepsy, treated in Mercy Hospital.

The following specimens have been presented during the year, in addition to those already mentioned:

1. Nine calculi removed from patient at a single operation.

2. Horn removed from the forehead of a woman fifty-five years old.

3. Portable electro-faradic machines with chloride of silver batteries.

4. Tumor of Dentine.

5. Cast of an anencephalous monster.

6. A novel inhaler for anæsthetic purposes.

During the year Art. I. of the Constitution has been amended so as to exclude candidates for membership who have not been in actual practice for two years, and who may be interested in the sale of medicines and surgical apparatus. Two sections have also been added to Article IV., providing for the election of associate and honorary members; while a new by-law has been added, restricting the privilege of each member to the nomination of but one candidate during the year.

Two important resolutions have been passed, one recommending the delegates of the Society, to both the State and National Medical Associations, to urge upon those bodies the memorializing Congress with reference to the remission of the duties on imported scientific works; the other fixing the annual meeting as the appropriate date for the appointment or election of such delegates.

In accordance with a resolution of the Society, passed Dec. 28, 1874, a committee has been appointed to wait upon the President of the Society, and, in accordance with his expressed wish, examine his specimens of the fungus from the Mississippi River ague bottoms, and report in full to the Society upon the same, as well as upon the paper prepared and read by Dr. Bartlett on the 10th of April, 1873. I am informed by the chairman of the committee that they have waited upon Dr. Bartlett and arranged upon a date for the investigation proposed.

The protracted work and subsequent report of the committee on the relations between physicians and pharmacists are fresh in your recollection, and require no word of comment from one who co-operated with them in detail. It is sufficient to note that the result obtained was all that any reasonable individual could have anticipated at the outset of the inquiry. It awakened a sentiment in the minds of many men connected with the two professions which led them to define for themselves a distinct boundary line between what should and what should not be permitted in the light of the highest ethics.

Nor is it necessary to review the part taken by this Society in the banquet extended by the medical profession of the city to the State Association at the date of its last annual convention in our midst. The large representation of the Society in the

number that enjoyed the festivities of that occasion, and the able address of our President, are remembered by many who are gathered here to-day. Were the recollection wanting, the details published in the transactions of the Medical Society of the State of Illinois for 1874, would vividly recall the occasion. It is proper to add that that was the largest social gathering of the representatives of the medical profession of the city of Chicago that has ever occurred, and so great was the harmony and good feeling fostered by the amenities of the banquet, that not a few have felt it would be a desirable end accomplished if some such social reunion could occur annually.

The thanks of the Society during the year concluded are due to the editors of the two medical journals of Chicago for their kindness in publishing fully all the transactions and papers of the Society that have been submitted to them. The resolution passed Nov. 23d, 1874, requiring that thereafter only the strictly scientific and literary transactions of the association should be spread before the public, reserving for the records the executive and other acts, have improved the character of the published material.

In this connection, it is proper to state that for the accuracy and regularity with which all such matter has been prepared for publication, the Society itself, and the editors of the medical journals, no less, are greatly indebted to the faithfulness of the reporter for the year, Dr. R. E. Starkweather. When it is considered that he has been under the necessity during the entire year of preparing duplicates of each report of the transactions, one for each journal, and that these reports have frequently embodied long debates and abstracts of extended papers and verbal reports, an idea may be had of the actual labor involved in the discharge of his duties. How efficiently he has performed his task you have been in position to determine who have examined the weekly and monthly exhibits of the medical press.

To Dr. F. H. Davis, the editor and publisher of the MEDICAL EXAMINER, the Society is indebted for a bound copy of all the papers and transactions published in that journal during the year 1874. These were collected by Dr. Davis himself, from the mass of material which was at his disposal, and bound in this convenient shape for the purpose of presenting them to the Society.

In concluding this resume of the work accomplished during the past year, it will be apparent, even upon a hasty glance over the field, that the character and amount of original investigation which has been encouraged in our midst, are sufficiently gratifying. It is also sufficient to suggest the conclusion that he who has lost the opportunities afforded here for actual advance in the directions to which the reports have pointed, has failed to secure the absolute advantages provided by the Society. If some there be of this class, they have but one consolation left them, and that is the ability to offset this loss by equally solid advantages gained elsewhere. The species of moralizing which is suggested by the arrival at such anniversaries as the present, is at once natural and necessary. The question comes home to each individual upon such occa-

sions, "Have I, in a satisfactory manner, discharged my duties — not to the Medical Society, but to myself — during the period which has elapsed?"

Now, just here comes in the operation of a principle, which is clearly admitted by all men, and yet which they are quick to lose sight of. Perhaps in consideration of the fact that to-day, after serving in the capacity of secretary for three years, I resign my office to the hand of another, I may be pardoned for a representation of it.

It is a common enough error to conclude that the benefit to be derived from an association of this kind is obtainable by attendance upon its meetings, listening to the papers read, and the discussions which result, and digesting the accumulated information so as to make it the property of the hearer. It is undeniably true that benefit is to be gained by this process, but so inferior is it to the larger improvement of another kind placed within reach of all that the end would not actually justify the expenditure of the time and trouble necessary to secure it.

The most valuable of the advantages afforded by a medical society are certainly *not* those resulting from the information to be acquired at its meetings. For the periodicals and permanent literature which provide the student with the fullest details upon every question, are accessible to each in the office and study. What extempore speaker among us can furnish such instructive pabulum as Murchison, Broadbent, Biesiodecki, or Nelaton? What essayist of our number can compare in brilliancy and depth with Hutchinson, Bennett, Bernutz, or Virchow? Shall we then abandon our efforts, and cease to unite ourselves in the bands of medical organizations?

The answer given by the thoughtful man will be a decided negative, and his reason will be this: The greatest benefit derivable from these associations accrues to the speaker, the writer, the exhibitor, and *not* to the hearer. It is he who, having observed and amassed facts, comes to others with his treasure, and toils in the effort; it is he, I say, who obtains the great benefit of the deed, not he merely who receives his share of the treasure. It is not the *receiving* which makes us richer; it is the giving. He who brings me a fact or an idea is richer than I. It is the gladiator in the arena whose muscles are hardened, whose courage is heightened, whose brain becomes cool and clear, not the listless or interested spectator on the benches.

The American poet, Lowell, has illustrated the truth of this universal law in one of the most finished of his productions. In the "Legend of Sir Launfal," the knight goes forth in quest of the Holy Grail, but returns at the conclusion of a vain and weary pilgrimage, utterly disheartened. It is only when he is quite near his home, and divides his scanty crust with a miserable beggar that he is rewarded by discovering the sacred object of his search.

The knight of the helmet, spear, and shield, has long been succeeded by the man with the microscope, the thermometer and the scalpel. But the latter, no less than the former, will fail to attain the precious end of his researches, if he does not divide by the way his crust of truth with his fellow.

That member of this Society who faithfully discharges his duty to his associates during the ensuing year, will assuredly be the wiser and the stronger for the effort.

JAMES NEVINS HYDE.

REGULAR MEETING, MAY 24, 1875.

Reported by E. Warren Sawyer, M.D.

PROF. THOMAS BEVAN, President, in the chair.

Prof. Freer reported a series of experiments made upon dogs, with a view to ascertaining how long blood may be kept, and afterwards safely transfused into dogs.

First Experiment.—Ten ounces of venous, defibrinated, dog's blood was transfused into another's veins, the blood having stood for seven hours upon ice, but warmed to 95° F. just before the operation. No bad symptoms resulted.

Second Experiment.—Eight ounces of arterial blood, which had been exposed for seventeen hours to the temperature of the laboratory, about 65° F., was transfused with no ill effect.

Third Experiment.—This dog was first bled from the carotid artery, till he could bleed no longer; about twenty ounces being let. Fresh blood was transfused, and dog recovered rapidly.

Fourth Experiment.—First bled to insensibility; respiration had ceased; thirty-two ounces escaping; ten ounces of blood which had previously stood upon ice for forty-eight hours, was transfused. Dog was resuscitated, but died seventeen hours afterward. This was an unfavorable subject for the operation, as it was a dog which had been caught up from the street at the moment, and was greatly frightened.

Fifth Experiment.—This dog was first bled six ounces; then seven ounces of blood, which had been on ice for the previous seventy-two hours, was transfused. Dog recovered.

In all instances, the blood used was defibrinated immediately after being drawn. With one exception, the blood was brought to 95° F. at the moment of transfusion. In this exceptional instance, the blood was accidentally passed into the dog's veins cold, without any bad effect.

Dr. Freer has long been of the opinion, that blood was not as highly vitalized as other tissues; he regarded it rather as food in its most highly prepared shape, and ready for assimilation. By transfusion, the body can be nourished *direct*, independently of the digestive organs. The indication for this operation will be the threatened inanition of the patient. More people die from inanition than we realize. In pulmonary consumption, for example, the patient rarely dies from asphyxia, and very rarely from hæmorrhage, but from the failure of the digestive organs to furnish assimilable food; in other words, from starvation.

In caries about large joints, the patient ultimately succumbs, because the digestive function has failed long before. By supplying the readily assimilated food in the operation of transfusion, we give the digestive organs rest; and in some instances, we may hope for an arrest in the morbid changes, even in so formidable a disease as pulmonary consumption.

In answer to Dr. Starkweather, McDonald's apparatus was used in transfusion.

Answer to Prof. Etheridge. No unsuccessful cases thus far have occurred.

Dr. Simons remarked, that in cases of immediate danger of starvation, small quantities of this blood food might be given, from time to time, just as one would inject hydrate of chloral in the veins, or any other drug.

The President regarded the thought as a most important one; for, in some instances of malignant disease of the digestive tract, which seems alone too slight to cause death, then the threatened starvation might be averted almost indefinitely.

In answer to Dr. Hamill, Dr. Freer said, that if a person should digest no food at all, it will not be necessary to resort to transfusion daily, for the good effects are not so transitory.

Dr. Simons suggested, that it would be an interesting fact to determine by experiment, viz., how long a dog could be kept alive by continuous transfusions, with absolutely no food taken into the stomach.

It was moved by Dr. Hyde, and carried, that Prof. Freer be requested to read a more extended paper on the subject, and exhibit apparatus, details of the operation, etc., at some future day.

Dr. Lester Curtis read a paper on the histological structure of the serous membranes, with reference to certain pathological processes which they may be the seat of. The subject was illustrated with diagrams. The writer had been struck by the fact, that the effect of inflammation of the serous membrane was quite unlike the effect of that process when the mucous membrane was attacked. An explanation of this disparity was to be found in the structure of these membranes. The epithelial covering of the serous membrane can be separated into two layers, between which, coagulable lymph was effused, thus converting the membrane into a true granulating surface, which is always followed by contraction. Unlike this, the epithelial covering of the mucous membrane is not thus separable into two layers.

Dr. Henrotin reported the case of a lady who had suffered a scald of the feet, about two weeks before. Everything was progressing favorably, the healing nearly completed, when she was seized, while sitting in her chair, with palpitation of the heart, and syncope, followed by death in twenty minutes. During life, the lady had frequent attacks of palpitation of the heart, and syncope; once a blowing sound was heard over the aortic orifice.

Dr. Hyde reported a case of pityriasis versicalor in a lady, which he felt emboldened to speak of, because two well-known physicians of this city had treated her with various drugs in large quantities, for liver disease, and finally, for kidney trouble. A single warm bath, and the local ap-

plication of sulphite of soda in solution, was all that was required.

Dr. Wood mentioned, that he had seen thirty cases of this disease in recruits. He had not found it intractable under the use of corrosive sublimate externally.

Dr. Simons spoke of a case in which the hand was passed into the rectum for the purpose of diagnosis. The case was obscure; that of a man who passed masses of fæces through the urethra.

ILLINOIS STATE MEDICAL SOCIETY.

THE Twenty-Fifth Annual Meeting of the Illinois State Medical Society, was held in the Conservatory of Music, at Jacksonville, Ill., commencing May 18th, a large number of delegates being in attendance. The meeting was called to order by Dr. David Prince, Chairman of the Committee of Arrangements, who welcomed the members to the city of Jacksonville.

Dr. J. H. Hollister, President of the Society, responded in a few appropriate remarks, after which the programme of exercises was announced by Dr. Prince.

On motion of Dr. T. D. Fitch, the Secretary, Dr. W. P. Pierce was chosen Treasurer *pro tem.*, in the absence of Dr. Quine, the regular Treasurer.

On motion of Dr. Prince, the assessment was fixed at three dollars per member.

Dr. Prince also moved, that an initiation fee once paid, should not be demanded again after a period of absence, on the part of any member.

After some discussion, the motion was carried.

Subsequently, on Dr. Pierce asking for information, as to whether if a member had paid an initiation fee twenty years ago, and had been absent the intervening years, he was still to be considered a member, Dr. Fitch moved a reconsideration of the motion of Dr. Prince, which was carried—ayes 16; noes 10.

On motion of Dr. Fitch, the order was so amended, that a member loses his membership if he does not attend the meetings of the Society, or pay his dues for a period of five years.

The Standing Committees were next called in their order, and the time fixed to hear such reports as were ready.

Dr. Whitmire, Chairman of the Committee on Nervous Diseases, announced that he had requested Dr. J. S. Jewell to prepare the report, and that he had prepared one.

The Secretary announced that Dr. Charles G. Smith, of Chicago, Chairman of the Committee on Dermatology, had not prepared a report, but desired to be continued on the committee another year. The request was granted.

A report of Dr. J. N. Niglas, of Peoria, on Hernia, was referred to the Committee on Surgery.

Dr. J. W. Freer announced a volun-

teer paper on the subject of Transfusion of Blood.

Dr. Hoyt, of Bloomington, announced a paper prepared by Dr. E. W. Grey, on Small-Pox, together with a series of resolutions on Vaccination, which he asked the Society to adopt. It was referred to the Committee of Arrangements.

Dr. Rumbold, of St. Louis, announced a volunteer paper on the Functions of the Uvula, which was ordered to be read at the convenience of the Society.

The Secretary announced that Prof. L. Curtis, of Chicago, had prepared a paper on the Anatomy of the Serous Membranes, as affecting their Pathology. It was ordered to be read.

A communication was read from the Æsculapian Medical Society, requesting that Dr. William Massey's Essay on Insanity, be read before the Illinois State Medical Society. That gentleman was accordingly invited to read his paper, and this was the first paper read.

It was followed by the reading of Dr. J. B. Walker's Essay on Scarlatina, which was referred to the Committee on Publication.

The next thing was the reading of the paper of Dr. Curtis', on the Anatomy of the Serous Membrane.

After some discussion of the subject by Drs. J. W. Freer, Curtis, and Worrell, the paper was referred to the Committee on Publication.

On motion of Dr. Worrell, the paper of Dr. Massey was referred to the Committee on Publication.

In the afternoon, at 2 o'clock, the Association visited the Deaf and Dumb Asylum, and the Institution for Feeble-Minded Children, spending the time there until 5 o'clock. At 7½ o'clock in the evening, the Society re-assembled, and Dr. J. O. Hamilton, of Jerseyville, read a paper on the Diseases of Children, which was followed by one on the same subject, prepared by Dr. C. W. Earle, of Chicago, read by the Secretary.

After a pretty full discussion of the papers by Drs. E. F. Ingalls, Hamilton, Steele, Fitch, J. H. Mosier, Slater, Gowen, Worrell, Rumbold, and R. C. Hamill, the papers were referred to the Committee on Publication.

Dr. Rumbold, of St. Louis, read his paper on the Functions of the Uvula, which was referred to the Committee on Publication.

Dr. David Prince next delivered an Address on the Use of Electricity in Therapeutics and Surgery, accompanying the address by experiments with electrical machines. He was requested to prepare a paper on the subject for publication in the transactions.

On motion of Dr. Freer, the proposition of Prof. Sanders of the Conservatory of Music, to entertain the Society with a concert, was accepted, and the time fixed for Wednesday evening.

Adjourned.

WEDNESDAY, May 19.

The Society was called to order at 8 o'clock.

Dr. J. W. Freer read his paper on Transfusion, which was referred to the Committee on Publication.

Dr. T. D. Fitch announced that, in connection with the Report of the Committee on Obstetrics, he would present some remarks on several new gynæcological instruments.

A recess of ten minutes was then taken, to allow of the selection of a Nominating Committee. The Committee chosen were as follows:

J. W. Freer, M.D., Cook county; J. H. Mosier, M.D., Whiteside county; D. E. Foote, M.D., Boone county; T. N. Stewart, M.D., Scott county; Thomas H. Whitten, M.D., Montgomery county; M.W. Seaman, M.D., Macoupin county; M. W. Walton, M. D., Stephenson county; F. B. Haller, M. D., Fayette county; E. Wenger, M.D., Iroquois county; D. Lichty, M. D., Ogle county; L. B. Slater, M.D., Christian county; W. A. Haskill, M.D., Madison county; A. P. Tenney, M.D., McLean county; Fred. Cole, M.D., Woodford county; D. L. Wood, M.D., La Salle county; Samuel Mileham, M. D., Adams county; P. H. Garretson, M.D., McDonough county; T. J. Maxton, M. D., Henderson county; G. W. Albin, M.D., Cumberland county; W. L. Goodell, M. D., Effingham county; A. F. Darrah, M.D., Champaign county; J. S. Williams, M.D., Jersey county; Geo.W.Wright, M.D., Fulton county; W. H.Veatch, M.D., Green county; J. G. McKinney, M.D., Pike county; W. G. Cochran, M.D., De Witt county; J. V. Frazier, M.D., Mercer county; C. T. Wilbur, M.D., Morgan county; J. N. Allen, M. D., Brown county; J. L. Hayes, M.D., Edgar county; D. H. Alris, M.D., Henry county.

After the recess, Dr. E. B. Cooke submitted his report on Practical Medicine, which was followed by a paper by Dr. R. C. Hamill on the Treatment of Rheumatism by phytolacca and guiaca. The papers were discussed by Drs. Steele, Cooke, Birney, Herriott, Wright, Hay, and Edgar of St. Louis, and were referred to the Committee on Publication.

Dr. E. Powell next read the report of the Committee on Surgery, which was followed by one on Hernia, by Dr. E. L. Herriott.

Dr. David Prince exhibited an instrument for taking up the stitch in operations on soft palate and in skin planting. Adjourned.

In the afternoon the Society met, at 2 o'clock, to witness the operation of transfusion performed upon a dog by Dr. J. W. Freer, aided by Drs. E. Powell and Walter Hay.

At the conclusion of this the members took the street cars, and visited the State Hospital for the Insane, and the Asylum for the Blind.

In the evening the President, Dr. J. H. Hollister, delivered his annual address before a large audience, the platform being occupied by the Ex-Presidents present, Drs. Hamilton, McFarland, Worrell, Steele, Haller, and Prince. At the conclusion of the address, Dr. Prince offered a resolution expressing the thanks of the citizens of Jacksonville for the pleasure they had in listening to the eloquent and scholarly address of the President. The resolution was unanimously adopted. The remainder of the evening was devoted to a concert given by the Illinois Conservatory of Music.

THURSDAY, May 20.

The Association re-assembled at 8 A. M.

The paper of Dr. Niglas, on Hernia, was referred to the Committee on Publication.

Dr. W. P. Pierce read a paper on Fractures, which was referred to the committee.

Dr. Haller, chairman of the Nominating Committee, submitted his report, which, after some discussion and amendment by the committee, was submitted as follows:

REPORT OF THE NOMINATING COMMITTEE — OFFICERS FOR THE ENSUING YEAR.

President, Thomas D. Washburn, M.D., Hillsboro; First Vice-President, J. L. White, M.D., Bloomington; Second Vice-President, John Wright, M.D., Clinton; Treasurer. John H. Hollister, M.D., Chicago; Per. Secretary, T. Davis Fitch, M.D., Chicago; Ass't Secretary, C. B. Johnson, M.D., Tolona.

STANDING COMMITTEE.

Board of Censors. — E. Wenger, M.D., Gilman, *Chairman;* E. Ingals, M.D., Chicago; E. L. Herriott, M.D., Grafton.

Committee of Arrangements.—S. H. Birney, M.D., Urbana, *Chairman;* A. F. Darrah, M.D.; J. T. Pearman, M.D., Champaign.

Practical Medicine.—Wm. Massey, M.D., Grand View, *Chairman;* D. L. Jewett, M.D., Watseka; J. W. Fink, M.D., Hillsboro.

Committee on Surgery. — Moses Gunn, M.D., Chicago, *Chairman;* A. C. Rankin, M.D., Loda; John G. Hays, M.D., Paris.

Committee on Obstetrics. — M. W. Walton, M.D., Ridott, *Chairman;* C. Goodbrake, M.D., Clinton; D. E. Foote, M.D., Belvidere.

Drugs and Medicines.—J. H. Etheridge, M.D., Chicago, *Chairman;* T. J. Pitner, M.D., Jacksonville; H. H. Hood, M.D., Litchfield.

Necrology. — G. W. Albin, M.D., Neoga; Wm. Chambers, M. D., Charleston; J. N. Niglas, M.D., Peoria.

Ophthalmology. — E. L. Holmes, M.D., Chicago.

Otology.—F. C. Hotz, M.D., Chicago.

SPECIAL COMMITTEES.

Diseases of Children.—J. L. Williams, Otterville.

Medical Jurisprudence.—M. A. McClellan, M.D., Knoxville.

Dermatology.—J. N. Hyde, M.D., Chicago.

Progress in Physiology. — Sarah Hackett Stevenson, M.D., Chicago.

Idiocy.—C. T. Wilbur, Jacksonville.

Neurology. — Walter Hay, M.D., Chicago.

Gynæcology. — A. Reeves Jackson, M.D., Chicago.

Hygiene.—John Little, M.D., Leroy.

Diagnosis and Extirpation of Tumors.—W. L. Goodell, M.D., Effingham.

Empiricism. — J. F. Todd, M.D., Galva.

Prudence in the Administration of Therapeutic Agents.—E. Ingals, M.D., Chicago.

Uterine Displacements.—F. D. Fitch, M.D., Chicago.

Staphyloraphy—David Prince, M.D., Jacksonville.

Electro-Therapeutics. — Plym S. Hayes, M.D., Chicago.

Place of Meeting.—Urbana, Champaign Co.

The report was adopted.

Dr. T. D. Fitch submitted some new gynæcological instruments, with explanations. A discussion followed, which was participated in by Drs. Cooke, Edgar, of St. Louis, Frazier, and Boal.

Dr. David Prince also exhibited several similar instruments with explanations.

Dr. Pierce read an abstract of a report on Surgery. The report was referred to the Publishing Committee.

Dr. E. Ingals, Chairman of the Committee, submitted his report on Necrology. It included memoirs of Drs. G. W. Young, of Aurora, and J. V. Z. Blaney, of Chicago.

The report on Nervous Diseases, by Dr. J. S. Jewell, was next received and referred to the Publication Committee.

Dr. Prince declining to serve on the Committee on Galvano-Therapeutics for next year, his resignation was accepted. Dr. William Hay, of Chicago, was appointed to prepare a paper on Electro-Therapeutics.

Resolutions were adopted requesting Congress to place the medical corps of the army of the United States on an equal footing with the officers of other army corps.

Dr. T. D. Fitch read a report prepared by Dr. H. A. Johnson, of Chicago, on Phthisis, which was referred to the Committee on Publication.

The Secretary exhibited an improved stethoscope, which Dr. Curtis explained.

The resolutions proposed by Dr. E. W. Gray, of Bloomington, on the regulation, by a State enactment, of the subject of vaccination in all public schools, asylums, etc., were read and adopted.

On motion of Dr. Haller, Dr. Prince was appointed a special committee on Staphyloraphy.

The Secretary submitted a report of the members present, and the Society adjourned until 2½ o'clock in the afternoon.

The Treasurer's Report was read and accepted.

Also the Secretary's Report, and the report of the Committee on Publication.

On motion of Dr. Freer, the Secretary was voted a salary of $100.

After some discussion in regard to the delay in printing the transactions, Dr. Hay submitted the following, which was adopted:

Resolved, That at the next and at all subsequent meetings, all reports of committees, and other papers designed for publication in the transactions of this Society, be furnished in form ready for publication, and placed at the disposal of the Publication Committee.

The following named persons were appointed delegates to the next session of the American Medical Association:

S. C. Plummer, M.D., Rock Island; Walter Hay, M.D., Chicago; J. F. Todd, M.D., Galva; J. B. Rood, M.D., Lemont; D. E. Foote, M.D., Belvidere; F. B. Haller, M.D., Vandalia; J. W. Freer, M.D., Chicago; J. H. Hollister, M.D., Chicago; W. P. Pierce, M.D., Lemont; Moses Gunn, M.D., Chicago; N. S. Reed, M.D., Chandlerville; H. B. Buck, M.D., Springfield; Thomas J. Whitten, M.D., Irving; Wm. L. Goodell, M.D., Effingham; David Prince, M.D., Jacksonville; G. Wheeler Jones, M.D., Danville; J. Adams Allen, M.D., Chicago; E. P. Cook, M.D., Mendota; A. F. Darrah, M.D., Urbana; M. W. Walton, M.D., Ridott; M. Sheppard, M.D., Pason, Adams Co.; C. Goodbrake, M.D., Clinton; J. O. Hamilton, M.D., Jerseyville; Lester Curtis, M.D., Chicago; T. D. Fitch, M.D., Chicago; E. R. Willard, M.D., Wilmington; Wm. A. Haskill,

M.D., Edwardsville; Robert Boal, M.D., Peoria; C. T. Wilbur, M.D., Jacksonville; J. M. Steele, M.D., Grand View; L. Clark, M.D., Rockford; O. Everett, M.D., Dixon; T. D. Washburn, M.D., Hillsboro; Wm. A. Elder, M.D., Bloomington; C. Paul Simon, M.D., Chicago; E. Ingals, M.D., Chicago.

Iowa.—Walter Hay, M.D., Chicago; T. D. Fitch, M.D., Chicago.

Missouri.—F. B. Haller, M.D., Vandalia.

Indiana.—W. W. McMann, M.D., Gardner.

Minnesota State Medical Society.—L. C. Plumm, M.D., Rock Island.

New York State Medical Society.—W. P. Pierce, M.D., Lemont.

Resolutions expressive of the gratification of the members with their treatment by the citizens of Jacksonville were adopted, also a resolution thanking the President, Dr. Hollister, for the skill and wisdom he had displayed as presiding officer, was unanimously adopted, and, after a few farewell words from the President, the Society adjourned.

Gleanings from Our Exchanges.

BASTIAN ON THE GERM THEORY OF DISEASE.

From London Lancet, April, 1875.

AT the meeting of the Pathological Society of London, on April 6th, Dr. Bastian opened the discussion by an address on the germ theory of disease, viz.: the causal relation between certain virulent inflammations or specific diseases, and the presence of low organisms in the affected tissues. He alluded to the two main theories in vogue; the one which ascribes the origin of such diseases to certain ferments, or substances allied to the ferments, which Pasteur had at one time believed and stated to be the cause of all fermentative and putrefactive processes; the other the physico-chemical theory which Liebig had advanced more than twenty years ago, and which, as it may be stated at the present day, affirms that living organisms, though they may act as ferments, act in this capacity merely by virtue of the chemical changes which the carrying on of their growth necessitates; and that other chemical changes taking place during the decay of organic matter, may make fragments of it (in the dead state) almost equally capable of initiating fermentative changes in suitable media; while in either case bacteria or allied organisms are prone to be engendered as correlative products.

In regard to the special question whether gonorrhœa, purulent ophthalmia, erysipelas, hospital gangrene, puerperal fever, pyæmia, septicæmia, and the like, are due to the presence of low organisms, he states the following facts in opposition to such a view: 1. The experiments of many investigators prove that the alleged causes of disease may be actually introduced into the blood-vessels of low animals by thousands without producing any deleterious effects in a large majority

of the cases. 2. Bacteria, if not actually to be found within the blood-vessels of healthy persons, do nevertheless habitually exist in so many parts of the body in every human being, and in so many of the lower animals as to make it almost inconceivable that these organisms can be causes of disease. In healthy persons they may be found in myriads in and about the epithelium of the whole alimentary track from mouth to anus; they exist throughout the air-passages, and may be found in mucus coming from the nasal cavities, as well as in that from the minute bronchi; they are absorbed in immense numbers with the food; and lastly, in persons with open wounds, bacteria are constantly to be found in contact with such surfaces, especially if the wounds are not well cared for, though the injured person does not necessarily suffer at all in general health. 3. The argument that the bacteria of such diseases are different from those of health has yet to be proved, while, on the other hand, it has been shown that the forms which these two organisms exhibit are probably due to the peculiar conditions in which they find themselves. 4. The virulence of certain contagious mixtures diminishes in direct proportion to the increase of the bacteria in them, and again, fresh and contagious menstrua lose hardly any of their virulence by being subjected for a few minutes to a temperature of 212° F., and after being boiled in alcohol, both of which experiments, the author states, are known to be destructive to all recognized forms of living matter.

The presence of bacteria in the fluids and tissues of diseased persons, Dr. Bastian explains by the fact that certain changes have previously taken place in the constitution and vitality of such fluids and tissues, and that bacteria and allied organisms have appeared therein as pathological products.

As to the question whether the germ theory is applicable to artificial tuberculosis, syphilis, typhoid, typhus, relapsing fever, cholera, measles, scarlet fever, small-pox, and other contagious fevers, the following statements are made: 1. With two exceptions, no definite germs or organisms are to be met with in the blood of patients suffering from these diseases during any stage of their progress. 2. The virus or contagion of some of these diseases, whatever it may be, does not exhibit the properties of living matter. 3. The virus of most of these contagious diseases with which definite experiment has been made, is most potent in the fresh state, while its power diminishes in intensity as organisms reveal themselves more abundantly in it. Reference is made to the facts mentioned by Obermeier, that the blood of relapsing fever patients exhibited spirilla, and to the statements of Klein, who claims to have discovered certain peculiar bodies among the lesions of typhoid fever, especially in Peyer's patches, while there are two diseases, sheep-pox, or ovine small-pox and splenic fever, a disease occasionally communicated to persons from cattle, where it is now said there are certain low organisms in the tissues that appear to have some causal relation with the diseases. Our present notion of zymotic or ferment disease must, however, according to Dr. B., be subjected to modification, if we regard such diseases as due to the operation of low organisms in the sense that Pasteur claimed fermentation was due to the multiplication of such agents. The real fact is, that Pasteur and his followers have modified these views so considerably that it is now acknowledged that such organisms are not essential factors in fermentation, and, indeed, such processes may go on quite independently of them; fermentative changes are produced under the influence of altered chemical processes taking place in unhealthy vegetal tissue.

Some such chemical action, it is suggested, may be at work in these diseased processes, and some of the complex compounds may be thrown off, and act as contagious principles.

ZEISSL'S MODE OF INTRODUCING LIQUIDS INTO THE MALE BLADDER WITHOUT THE USE OF THE CATHETER.

BY A. ROSE, M.D., NEW YORK.

From New York Medical Record, May 8th, 1875.

AS the use of the catheter in injecting liquids into the bladder does harm to the mucous membrane in hæmorrhage, a new method has been invented by Dr. H. Zeissl, of Vienna (*Wiener Med. Wochenschrift*, 1874, Nos. 51 & 52). He simply fits the point of an irrigator into the mouth of the urethra, while the patient is placed on his back with raised nates, the penis being stretched along the abdominal walls.

I have employed this method on one of my patients under the following circumstances: M. K., 60 years old, having retired from active business, and leading a life of ease, is the father of a healthy and numerous family, having always been healthy, with the exception of a gonorrhœa contracted forty years ago, was seen by me for the first time on March 22d, 1875. The patient complains for two weeks of frequent and painful micturition. The urine is turbid, and contains a large quantity of muco-purulent sediment. He is feverish, has neither sleep nor appetite. I tried to enter the bladder with a double catheter, but did not succeed on account of strictures. I then tried dilatation, beginning with a No. 6 steel sound, and finally succeeded in introducing No. 12. The first dilatations were painful, and followed by chills. In spite of the administration of quinine and the hypodermic use of morphine, the patient claimed to have these chills still. He refused to let me make an incision into the strictures. On April 8th I introduced a double catheter, No. 10, which I connected with a fountain syringe filled with tepid water. Mucus and blood coagula filled one canula to such an extent that while the water entered freely, it could return only through one channel. During and after the introduction of the catheter there was great pain and fever. I saw the patient again on April 12th. The urine was clearer, and but little sediment was found. For internal use I had ordered the bicarbonate of soda, and lime water with milk, and Vichy water to be used alternately. Want of appetite and sleep still existed.

Having in the meantime read of Zeissl's method, I introduced a glass tube into the urethra, having first connected it with the India-rubber tube of a fountain syringe which contained about eight ounces of a tepid solution of tannin, which I allowed to pass into the urethra from a height of four feet. The patient experiences, after half a minute, while the liquid entered the bladder, a feeling of comfort, just as described by Zeissl's patients. I removed the glass tube as soon as the liquid began flowing out of the urethra alongside of the tube. The patient, feeling a desire to pass the water, emptied a liquid containing mucus and tannin.

April 13th. There is a decided improvement in every respect; the urine is nearly clear, there being but a very small quantity of sediment. The patient has been able to sleep a few hours.

April 14th. Renewed introduction of solution of tannin into the bladder.

April 15th. Patient has slept better than ever since he took sick; has no fever; his appetite is returning, and he feels altogether encouraged. Steel sound No. 12 passed for the first time with ease and without leaving any pain.

FOREIGN BODIES IN THE DIGESTIVE CANAL.—The incident of the *homme a la fourchette*, the man who swallowed a fork in Paris in April last, has inspired Dr. Mignon with the idea of collecting all records of similar cases. He has been able to find details of one hundred and sixty-three, and it would be difficult to imagine anything more astonishing than the catalogue (given in the *Union Medicale* for Nov. 3) of the objects swallowed by either veritable lunatics or what may be termed sane idiots. Amongst the very indigestible and uncomfortable items catalogued, we find fifteen gold medals, hair rings innumerable, 175 francs, a shoe buckle, nine inches of a sword blade, very sharp scissors, eighty pins, a baby's bottle, the castor of a night-stool, an entire set of dominoes (the size of which however is not stated), one hundred *louis d'or*, a flute four inches long, a glass phial, thirty-five knives, a clay pipe, from fourteen to fifteen hundred pins, a bar of lead weighing a pound, a whetstone, and (in three instances) a table fork. But the most extraordinary of all these cases occurred in the instance of a convict who died in Brest, in 1773, and on whose body a necropsy was performed. The stomach was completely displaced and occupied the left hypochondrium, the lumbar and iliac regions of the one side extending into the pelvis nearly as far as the foramen ovale; it contained fifty-two different objects, weighing altogether one pound ten ounces. Amongst them was a part of the hoop of a barrel, nineteen inches long and one wide. M. Mignon has classified these 163 cases into three categories: 1. Foreign bodies which passed through the whole extent of the digestive canal with scarcely any injurious results. 2. Foreign bodies which have passed through the whole extent of the digestive track, with more or less serious results, but ultimate recovery. 3. Foreign bodies which have passed through the whole digestive track, causing serious disturbance and fatal results. 4. Cases in which the foreign body has not been passed. 5. Cases in which operations have been performed. It is a remarkable fact that the cases of death caused by the presence of foreign bodies in the digestive tubes are less numerous than might be expected. Out of the 163 cases, we only find ten deaths from this cause. To these must be added two deaths after operation, making altogether twelve, or 7.3 per cent. There appears, therefore, to be no great cause for the surgeon to be over-anxious in these cases, but to remember, that, unless there should either be some complications in the general health or some special indication, it will be as well for him not to interfere, and above all things not to perform gastrotomy, save as a last resource. Of this last operation, M. Mignon relates five cases; amongst them being those which Mr. Neal, in 1853, and Mr. Bell, in 1859, thought themselves obliged to perform; the one in order to extract a bar of lead ten inches long, and weighing a pound, the other to do the same with a bar of lead, nearly twelve inches long, and weighing more than nine ounces. In both these cases the symptoms were very serious, comprising violent pains in the stomach, twitchings along the vertebral column, sickness, and general prostration. The foreign bodies could not be felt through the abdominal walls, but the surgeons decided on performing the operation, thinking that the sufferers had no chance of relief by expulsion *per anum*. The success of the operations was fortunately complete. — *Lond. Med. Rec.*, Dec. 2, 1874.

DR. A. H. THOMPSON, in the *Dental Cosmos*, suggests that, as our teeth continue to deteriorate in the present day, it is probable, on the Darwinian theory, that future generations will not have any teeth developed in their jaws, as being quite superfluous when the manufacture of artificial teeth shall have reached perfection.

TREATMENT OF UNUNITED FRACTURES.—Dr. Nicoladoni, quoted in the *London Medical Record*, gives the following modification of what is known as "Dumreicher's Method:"

The injured leg, in which there is a tendency manifested to the formation of a false joint, is enveloped from the toes to a part a little below the fracture by a strong flannel bandage. Four wedge-shaped pads are applied, two above and two below the fracture, in such a manner that the broad ends of the upper and lower pairs are opposed to each other, and that between them a free surface of skin is left which corresponds to the seat of fracture. These pads are kept in position by strips of adhesive plaster, and covered by a thin wooden splint, over which a bandage is firmly applied. The whole limb is then kept at rest on an ordinary splint. By the application of the bandage below the fracture the peripheral portion of the limb is protected against the injurious results of pressure made by the pads above the ankle. The pressure of the lower pads and of the flannel bandage induces an active arterial hyperæmia of the parts about the false joint, which hyperæmia is more or less restricted to these parts, as the two pads are so applied as to retard the backward flow of venous blood, though not interfering very much with the arterial supply. After an application of this apparatus for twenty-four hours, the skin becomes red and hot, and the fractured portion of bone can no longer be felt, on account of the swelling of all the superjacent soft parts. This swelling is firm, and differs altogether from ordinary œdema. On the second and third days, the parts between the wedge-shaped pads become more swollen and firmer; but this swelling will speedily disappear on the removal of the pads, and will not persist and do any good until after the apparatus has been retained for five or six days. In favorable cases, after an application kept up, with occasional short intervals, for three or four weeks, the fragments become much less movable, and cannot be examined and moved without much pain. The limb can now be placed in a firm apparatus of plaster of Paris, or water-glass, and in a few weeks the fracture will become firmly consolidated. In the first case reported by Dr. Nicoladoni, the pads were applied during eight weeks, with occasional intervals of rest lasting for two days. A gypsum bandage was then applied, and at the end of the tenth week the fragments of tibia were found to be firmly consolidated. In the second case the pads and bandages were applied during a period of two months; six weeks after their removal and the application of a firm bandage, there was perfect union.—*Phil. Med. and Surg. Reporter.*

ON THE ACTION OF MERCURY, PODOPHYLLIN, AND TARAXACUM ON THE BILIARY SECRETION—In some comments in the *Practitioner* (Dec., 1874) on the report of the committee of the British Medical Association, of which Dr. Bennett was chairman, the reviewer says that the experiments made show that calomel and other mercurials, podophyllin and taraxacum, do not increase the secretion of bile in an animal having a biliary fistula. From the care with which these experiments were made, there can be little doubt of their correctness; but the opinions which Dr. Bennett founds on them, and supports with his usual force and vigor in the appendix, are quite erroneous. He completely disregards the results of clinical experience, and condemns the use of mercury as a cholagogue, because it does not increase the amount of bile poured out by the liver. He totally forgets the fact that what we want in cases of biliousness is not increased secretion by the liver, but removal of bile from the blood. As was pointed out in the June number of this journal, this result may be attained by the mercurials removing the bile from the intestine and preventing its re-absorption, quite as readily as by stimulating the liver to increased action.

TREATMENT OF DIPHTHERIA—Dr. H. V. Sweringen publishes in the Philadelphia *Medical Times*, an account of his method of treating diphtheria. He has little or no faith in local treatment, except in cases where it is absoluteny necessary to remove excessive mechanical obstruction of the air passages, or to correct the fœtor by disinfectants. The line of treatment pursued was as follows:

℞.—Quin. sulph., gr. xxxij.;
Acid. tannic., gr. x.;
Syr. simp., f℥ ii.;
Tr. ol. menth. pip., gtt. iij.—M.
Ft. mist.

Sig.—A teaspoonful every three hours until cinchonism is induced.

After which he administers the following:

℞.—Potassi iodidi, gr. xxxij.;
Potassii bromidi, ℥ ij.;
Syr. simp.;
Tr. cinch., co., aa f℥ i.—M.
Ft. sol.

Sig.—A teaspoonful every three or four hours.

The above may be given alternately with the following:

℞.—Tr. ferri chlor., f℥ ij.;
Syr. simp., f℥ vi.—M.
Ft. mist.

QUOT HOMINES, TOT SENTENTIÆ.—We are not quite satisfied with the result of the election of the president. It is not that we grudge Dr. Sims the honor that comes to him; he has a well-earned and world-wide reputation, and we have no doubt will do credit to the position; but we think the choice might have fallen upon others whose associations are more strictly American [or Boston?], and who are more generally looked up to as leaders of the profession.—*Boston Journal*, May 13, 1875.—*Cin. Clinic.*

AMERICAN MEDICAL ASSOCIATION.—By request of many members, I will shortly issue a pamphlet edition of the minutes of the Louisville Session. Those who desire copies should remit fifty cents at once, as a limited edition will be printed. WM. B. ATKINSON,
1400 Pine St., Philadelphia.

STATISTICS OF A HUNDRED CASES OF OPERATIONS FOR STONE.—Sir Henry Thompson has given a brief record of his last hundred cases of operation on the adult, excluding all cases below 22 years of age, of which there happened to be one. There are in the list only four cases below 50, sixty-five cases being above 60, and the mean age of the entire list of cases being not less than 63½ years. The first operation of this series was done shortly before Christmas of 1872, and the record represents all his work in this direction for two years and a quarter, the case of the Emperor Napoleon being the third of the series. Ninety-six were adult males, and four were adult females. Of the ninety-six males eighty-seven were operated on by lithotrity, and nine by lateral lithotomy.

The mean age of the eighty-seven operated on by lithotrity was 63½ years, the oldest being 83, the youngest 22, but only four were below 50 years.

The mean age of the nine operated on by lithotomy was 63½ years also, their ages being also between 36 and 79. Among the eighty-seven operated on by lithotrity were four deaths; the ages were 65, 65, 66, and 81. Among the nine operated on by lithotomy were two deaths, viz., at 61 and 63. Thus it is observed that there was a total of six deaths in ninety-six patients, by the two operations, with a mean age of 63½. In this series allusion is made to what may be termed an extraordinary run of luck. It was a succession of fifty-one elderly cases without a single death, these cases having a mean age of 64 years. The author states that he hopes soon to publish his experiences in an unbroken series of five hundred cases in the adult male, besides the cases of women and children.—*The Lancet*, April 3, 1875.

DR. E. H. TRENHOLME reports (*Canada Medical Record*, p. 507, 1875) a case of traumatic tetanus successfully treated with chloral and bromide of potassium.

VENEREAL ULCERS.—Dr. Godon (*Pacific Medical Journal*) publishes a series of cases of venereal ulcers treated with iodoform, and concludes his paper with the following remarks:

1. That iodoform is a therapeutic agent producing more certainly, and more promptly than all others ordinarily employed, the cicatrization of syphilitic ulceration in general.

2. That in the treatment of chancroids, iodoform is in some manner a specific by the promptitude with which it produces cicatrization, and this too without pain.

3. That iodoform in the treatment of simple or virulent buboes can be employed in the form of an ointment as a resolvent during the early stage, with more success than any other agent.

4. Iodoform acts as a topical agent and also as a local anæsthetic. That by its employment in these cases it effects a cure without producing any pain, obviating the dread of burning and the attendant pain which deter so many unfortunates from applying immediately to the surgeon for relief. That the rapid cicatrization which it causes is owing to the simplicity of the dressing, which does not irritate the diseased parts, to the absorption of the secretions by the iodoform powder, to the antiseptic properties of the medicament, and to the presence of iodine, which acts favorably on venereal ulcerations in general.

TREATMENT OF ANAL VEGETATIONS.—M. Cruveilhier, of the Hopital St. Louis, believes with the majority of surgeons, that these sessile or pediculated vegetations are not dependent on the syphilitic virus, and that therefore internal treatment is not appropriate. They must be destroyed locally in a radical manner, for if a single one is allowed to remain, however small it may be, it will form the starting point of new vegetations, which will multiply without measure. He has employed excision with curved scissors, followed or not by cauterization with diluted perchloride of iron. But he prefers a milder and more efficacious remedy, pure chromic acid, which, applied to the small tumors, the healthy parts being protected, mummifies them and causes their decay. This caustic is less painful than nitric acid, or acid nitrate of mercury, and less often causes inflammation in the neighborhood. If these means fail, the operation of removal with the knife must be resorted to.—*Revue de Therap.*, 15, 1874.—*The Doctor.*

NON-NITROGENOUS DIET. — Last year we called attention to the experiments of Prof. Parkes on the effects of an absolutely non-nitrogenous diet.

Dr. Andrew, in the new volume of "St. Bartholomew's Hospital Reports," informs us that he has submitted eight cases of acute rheumatism to this diet, which he believes promises better results in this disease than any other treatment. The pains disappeared on the average in 3.75 days; the longest time being 5, the shortest 2.

It is to be remarked, that only young patients whose powers of nutrition are unbroken, are likely to bear with benefit this powerful method of treatment; and even in these it cannot be continued very long. Dr. Parkes himself showed that the power of the heart is greatly reduced by this diet within twenty-four hours. It would seem, therefore, that such a plan is only adapted for acute cases. Nevertheless, Dr. Moss, of the Royal Naval Hospital, Esquimalt, Vancouver's Island, has applied it, though without much success, to *chronic* rheumatism, which it appears is very common in that island. The diet adopted was that given by Dr. Parkes, with the addition of tapioca pudding without milk or eggs. It consisted of arrowroot cakes made with butter, and sometimes with sugar or treacle. Dr. Moss gives the details of the weights and quantities. The bowels became regular, the rheumatic pains lessened, and dyspepsia disappeared.—*The Doctor.*